UNITAL STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

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REQUEST FOR PATENT FEE REFUND				
1 Date of Request: 8 24 05 2 Serial/Patent # 10/528 989				
3 Please refund the following fee(s):	4 PA	PER MBER	5 DATE FILED	6 AMOUNT
Filing				\$
Amendment				\$
Extension of Time				\$
Notice of Appeal/Appeal				\$
Petition				\$
Issue				\$
Cert of Correction/Terminal Disc.				\$
Maintenance				\$
Assignment				\$
Other				\$
	7 TOTAL AMOUNT OF REFUND \$50.00			
	8 TO BE REFUNDED BY:			
10 REASON:	Treasury Check			
Overpayment	Credit Deposit A/C			osit A/C #:
Duplicate Payment	902-2448			
No Fee Due (Explanation):				
Fee Code Correction				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: SAC TITLE:				
SIGNATURE: PHONE:				
OFFICE: PCT DEO REPLANTANTA DE 18/24/2005 BCAMPBEL 0013331000				
THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: DATE:				

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

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